STATE OF NEW HAMPSHIRE



2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED

I. Name of Lobbyist(s) Raymond Burke	DEC 1 0 2018
II. Name of lobbyist's partnership, firm or corporation, if any:	NEW HAMPSHIRE
11. Name of forbysst's partnership, firm of corporation, if any.	DEPARTMENT OF STATE
New Hampshire Legal Assistance	
(Name of partnership, firm or corporation)	
117 North State Street Concord, NI	
Business Address: (Street) (Town/City)	(State) (Zip Code)
() 603-224-4107 () 603-224-2053 (Fax)	e-mailrburke@nhla.org
III. This statement covers: (Choose one - file separate reports for exreportable expense transactions which are not attributable to any o	
☐ All reportable transactions occurring in the months prior to the repo	rting date relative to the following client:
(Full Name of Client as it appears on the Lobbyist Ro	gistration Form)
All reportable transactions by the lobbyist (including the lobbyist's funrelated to any particular client.	amily), or the lobbying firm listed below which are
IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18 activity	July 25, 2018 □ Sy from 4/1/18 to 6/30/18
October 31, 2018 A activity from 7/1/18 to 9/30/18 activity	January 30, 2019 ☐ ty from 10/1/18 to 12/31/18
V. There have been no fees received and no reportable transa If this box is checked, complete just this form and submit it to the Secret Concord, NH 03301.	
VI. Check if additional reports are attached:	1 A Proceed Process
If you have received fees or made expenditures, you must file Adde If you have paid an honorarium or reimbursed expenses, you must to Expense Reimbursement	
If you, your firm, or your family has made political contributions, y	ou must file Addendum C-Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby sw and complete to the best of my knowledge and belief.	year or affirm that the foregoing information is true
(Signature of lobbyist)	(Date)
Raymond Burke	,
(Print Name of lobbyist)	<i>:</i>

PLEASE PRI

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I. Name of Lobbyist(s)

in a), of \$25 or less.

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

RECEIVED

DEC 1 0 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

_	II. Name of lobbyist's partnership, firm or corporation, if any:				
	New Hampshire Legal Assistance artnership, firm or corporation)	<u>,,</u>			
III. Name of Client	N/A	Date			
to lobbying including fees	of all fees received from the client identified above for services such as public advocacy, governme bring legislation, and related legal work. The g	nt relations, o	r public relations services		
a) Total of all fees received	d in this reporting period	a) \$	0		
b) Total of all fees receive (This should equal the	ed this calendar year, prior to this reporting period total of all prior monthly reports for this calendar	b) \$ year)	0 .		
c) Total of all fees receive (Add lines a and b)	ed to date	c) \$	0		
.d) Indicate the amount of yet been paid	any such fees that are due, but have not	d) \$	0		
fees. Separate reports are the lobbyist(s)/firm that a Expenses are to be report during the reporting period individual expenses where lunch where the cost was seeing lobbied, purchase of (c) an itemized statement of any purpose not covered acreemonial object to be greetaurant expenses for a	nerships, firms, or corporations are required to reduce to be filed for expenditures made relative to each refuncial to any one client a separate reported in one of three categories of expenses: (a) of the expenditure was of \$25.00 or less (for examples of a pen with a value of a ceremonial object given to a person being lobin of each individual expenditure made during this reby (a) (for example: purchase of a meal with value of the subject of lobbying with a value gre legislative reception). Expenses for honorarium ted on separate addendums and should not be reported.	t may be filed the aggregate expenses; (b) apple: meals puless than \$10 bied with a various porting period alue of greate ater than \$25, as, expense re	expenditures are made by d for the lobbyist(s)/firm total of all expenses paid the aggregate total of all erchased during a business that is given to the person lue of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of the purchase of		

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

Raymond Burke

d) Total expenses for this reporting period	d) \$	87.37
(Add lines a, b and c)	2) \$	1 279 34
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$	1,966.91
f) Total of all expenses year to date	f) \$	1,966.91
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees	during this reporting
Paid to:	Amount:	
	\$	
	\$,
	\$	
	\$	
	\$	
•.	\$	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the fo	oregoing information
PARA	10/3	21/2018
(Signature of lobbyist)	/ (1	Øate)
Raymond Burke		•

(Print Name of lobbyist)



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STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

RECEIVED

DEC 1.0 2018

I. Name of Lobbyist(s)	Raymond	Burke	DEC 10 2010
	1		NEW HAMPSHIRE
II. Name of lobbyist's par			DEPARTMENT OF STA
New Hamps (Name of parti	nire Legal	Assistance	
(Name of parts	nership, firm or corporation)	
III. Name of Client			Date
Political Contributions		DOA OL	
for each political contribut			ter 664 paid on behalf of the
chemoloodyist and loodying	g mm, mateate the	ionowing.	•
	,		
	Cillac	N	
Full name of candidate:	1-eites	LXM	061111 21 17 17 18
		(First Name)	(Middle Name/Initial)
Amount of contribution \$	25.00	Office Candidate is	s Seeking State Senate District 15
70.1			Is or services provided, and enter the
			•
l			
Full name of candidate:		,	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$		Office Candidate is	Seeking
If the contribution is an in-kir actual cost of the in-kind cont enter an estimated value and t	ribution on the line al	de a description of the good pove for amount of contribu	ds or services provided, and enter the ution. If the actual cost is not known,
Full name of candidate:			
	(Last Name)	(First Name)	(Middle Name/Initial)
	(=====,	(i iist ivaine)	(Madie Panie Mina)
Amount of contribution \$	(======================================	Office Candidate is	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."				
<u> </u>				
(If more than three contributions were made, report additional co	ntributions on separate addendum C forms.)			
Sworn Statement/Affirmation by Lobbyist				
I have read RSA 15, RSA 15-B and RSA 664 and her is true and complete to the best of my knowledge and				
ROSPA	10/31/2018			
(Signature of lobbyist)	✓(Date)			
Raymond Buske				
(Print Name of lobbyist)	·			

